Pharmacy Provider Training Checklist

This is a training checklist designed to provide an outline for Pharmacy Providers to understand the tools available for an Alabama Medicaid Provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid. Information for Pharmacy Providers is available on the Medicaid website at www.medicaid.alabama.gov.

Top Five denials for Pharmacy Providers

Code	Explanation	Resolution
3317	Quantity Exceeds NDC Max Units	Claim being filed exceeds maximum units on file for NDC; please obtain an override through PA contractor.
6319	Pharmacy Total Script Limit Exceeded for Month	Prescription limitations are in place by Alabama Medicaid for recipients
3326	Pharmacy Maintenance Supply Required for Drug	Ensure proper information is being filed upon initial claims submission
3316	NDC is Not Payable By Alabama Medicaid	NDC Is not covered, please refile with a valid NDC code
3312	Days Supply is Greater Than Maximum Supply per Day	Ensure proper quantities are being filed upon initial claims submission

As an enrolled Alabama Medicaid Provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code, and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code

Administrative Code outlines the rules and regulations for all Providers. It is updated as changes are identified. Currently, the Alabama Administrative Code contains 63 chapters. The table below includes, but is not limited to, important chapters for pharmacists and pharmacy staff.

Chapter	Overview
1 General	Important information for all Providers
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients
3 Fair Hearings	Outlines Medicaid's procedures for the fair hearing process
4 Program Integrity	Overview of Medicaid's Program Integrity Division
16 Pharmacy Services	Outlines policy for pharmacy services
20 Third Party	Outlines policies related to recipient's with other insurance coverage
25 Medicaid Eligibility	General information related to recipient eligibility
26 Rules for Practice	Outlines general rules for Medicaid
27 Confidential Materials	Information on how recipient information should be protected
28 Forms	Outlines forms used by the Medicaid Agency
29 Definitions	Outlines common definitions used in Administrative Code
30 Emergency Rule Procedure	Outlines emergency rules for the Medicaid Agency
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency

Chapter	Overview
33 Recoupments and Liens	Information on how recoupments and liens are handled

Alabama Medicaid Provider Billing Manual

Provider Manuals are updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the "Quarterly Revisions" page. Updates are posted to the Alabama Medicaid website at the following link: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx. The table below includes but is not limited to important Chapters for Pharmacy and Staff.

Chapter/Appendix	Overview
1 Introduction	How to use Provider Manual
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid
6 Receiving Reimbursement	Information on understanding your Remittance Advice
7 Understanding Your Rights and Responsibilities as a Medicaid Provider	Explains important rules and regulations providers must follow with Alabama Medicaid
27 Pharmacy	This is one of your essential tools for information related to the Pharmacy Program. This chapter contains important billing information
Appendix B - Electronic Media Claims Guidelines	Important information related to filing claims electronically
Appendix E - Forms	Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms
Appendix F - Internal Control Numbers	How to read Internal Control Numbers assigned in claims processing
Appendix G - Non-Emergency Transportation	Explains how recipients can receive assistance getting to Medicaid covered appointments
Appendix J – Explanation of Benefits Codes	Table of claims processing codes
Appendix K – Top 200 Third Party Carrier Codes	Contains a list of other insurance carrier codes needed for claims processing when other insurance is involved
Appendix L - Automated Voice Response System (AVRS)	How to use Medicaid's Automated Voice Response System, a tool for checking eligibility, claims status and other functions
Appendix N - Medicaid Contact Information	Provides important contact information

Tools Available for Providers at no Charge

Tool	Function
Medicaid Interactive Web Portal	Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to the following: eligibility verification, claims

Tool	Function
	submission, claim status, Prior Authorization submission and status, and Remittance Advice download
Provider Electronic Solutions Software (PES)	Allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes - 2 hours, transactions include: eligibility verification, claims submission, claim status, Prior Authorization submission and status
Automated Voice Response System (AVRS)	Allows Providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information
Drug Look-up Tool	Searches for drugs by NDC or drug name. Displays coverage, preferred drug status, prior authorization requirements, max units, and reimbursement rate.

Contact Information for Pharmacy Assistance

The following resources and services are available at no charge to Providers.

Department	Function	Contact Number
Provider Assistance Center (HP/fiscal agent)	Assist providers with basic billing and/or claims processing questions	1-800-688-7989
Electronic Media Claims (HP/fiscal agent)	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and passwords for the Agency's Secure Website Portal	1-800-456-1242
Health Information Designs, LLC	Assist providers with Prior Authorization (PA) and Override information for pharmacy claims.	1-800-748-0130

Fax PA forms: 1-800-748-0116 |

Department	Function	Contact Number
Myers and Stauffer	Assists providers with Actual Acquisition Cost (AAC) determination, and answers drug reimbursement rate questions	http://al.mslc.com/ 1-800-591-1183
Provider Enrollment/Re-enrollment (HP/fiscal agent)	Assists with new provider enrollment and basic provider enrollment functions and with ongoing re-enrollment of providers	1-888-223-3630; Option 1, Re-enrollment, Option 2
Provider Relations Representatives (HP/fiscal agent)	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx